

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6		3				
7		3				
8		1				
9		4				
10		2				
11		3				
12		1				
13		4				
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21		3				
22		3				
23		7				
24		7				
25	1	7				
26		1				
27		1				
28		1				
29		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						